

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Tribout-Politi, Colleen Marie</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>AKA Colleen Marie Politi; AKA Colleen M. Handing</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>xxx-xx-0825</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>1245 N. Campbell Avenue</b> <b>Apartment #1</b> <b>Chicago, IL</b> <div style="text-align: right; margin-top: 5px;">ZIP Code <b>60622</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Cook</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Tribout-Politi, Colleen Marie**

## All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

## Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

### Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

### Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Angela Spalding**

Signature of Attorney for Debtor(s)

**November 23, 2015**

(Date)

**Angela Spalding 6274242**

### Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

### Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

### Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

### Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Tribout-Politi, Colleen Marie**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Colleen Marie Tribout-Politi**  
Signature of Debtor **Colleen Marie Tribout-Politi**

**X**  
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**November 23, 2015**

Date

### Signature of Attorney\*

**X /s/ Angela Spalding**  
Signature of Attorney for Debtor(s)

**Angela Spalding 6274242**

Printed Name of Attorney for Debtor(s)

**Spalding Law Center LLC**

Firm Name

**2218 W. Chicago Ave.  
Chicago, IL 60622**

Address

**Email: info@spaldinglawcenter.com**

**773-227-2218 Fax: 773-435-6752**

Telephone Number

**November 23, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**  
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Colleen Marie Tribout-Politi

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Colleen Marie Tribout-Politi

Colleen Marie Tribout-Politi

Date: November 23, 2015

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Colleen Marie Tribout-Politi**,  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>1,705.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>3,177.40</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>23</b>		<b>100,014.58</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,241.69</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,241.00</b>
Total Number of Sheets of ALL Schedules		<b>37</b>			
Total Assets			<b>1,705.00</b>		
Total Liabilities				<b>103,191.98</b>	

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Colleen Marie Tribout-Politi**,  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>3,177.40</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>3,177.40</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>2,241.69</b>
Average Expenses (from Schedule J, Line 22)	<b>2,241.00</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	<b>2,241.69</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>2,123.57</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>1,053.83</b>
4. Total from Schedule F		<b>100,014.58</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>101,068.41</b>

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
NONE	Fee simple	-	0.00	0.00

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash on hand</b>	-	<b>30.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>USAA checking account.</b>	-	<b>500.00</b>
		<b>USAA savings account.</b>	-	<b>500.00</b>
		<b>Navy Federal Credit Union</b>	-	<b>5.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>miscellaneous household goods including: tablet, LG Smart phone, miscellaneous kitchen items, persian rug, and bedding.</b>	-	<b>400.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Clothing Apparel</b>	-	<b>150.00</b>
7. Furs and jewelry.		<b>costume jewelry</b>	-	<b>20.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>Bicycle.</b>	-	<b>100.00</b>
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **1,705.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>	<b>Debtor has been owed past due child support of approximately \$ 6,000 to \$ 10,000 for the years 1991- 1997 years from James Handing.</b>	<b>-</b>	<b>0.00</b>
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total >	<b>0.00</b>
(Total of this page)	
Total >	<b>1,705.00</b>

(Report also on Summary of Schedules)

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Cash on Hand</b>			
Cash on hand	735 ILCS 5/12-1001(b)	50.00	30.00
<b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>			
USAA checking account.	735 ILCS 5/12-1001(b)	500.00	500.00
USAA savings account.	735 ILCS 5/12-1001(b)	500.00	500.00
Navy Federal Credit Union	735 ILCS 5/12-1001(b)	5.00	5.00
<b>Household Goods and Furnishings</b>			
miscellaneous household goods including: tablet, LG Smart phone, miscellaneous kitchen items, persian rug, and bedding.	735 ILCS 5/12-1001(b)	400.00	400.00
<b>Wearing Apparel</b>			
Clothing Apparel	735 ILCS 5/12-1001(a)	150.00	150.00
<b>Furs and Jewelry</b>			
costume jewelry	735 ILCS 5/12-1001(b)	20.00	20.00
<b>Firearms and Sports, Photographic and Other Hobby Equipment</b>			
Bicycle.	735 ILCS 5/12-1001(b)	100.00	100.00

Total: **1,725.00** **1,705.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re Colleen Marie Tribout-Politi, Debtor Case No. \_\_\_\_\_

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)								
Total (Report on Summary of Schedules)							0.00	0.00

0 continuation sheets attached

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### ☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### ☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### ☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Colleen Marie Tribout-Politi  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>xxx-xx-0825</b>  Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346		-	2012  taxes				243.20	0.00  243.20
Account No. <b>xxx-xx-0825</b>  Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346		-	2003  Tax debt for allegedly cancelled debt. This is disputed as no debt was forgiven.				1,053.83	1,053.83  0.00
Account No. <b>xxx-xx-0825</b>  Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346		-	2013  taxes				1,253.61	0.00  1,253.61
Account No. <b>xxx-xx-0825</b>  Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346		-	2014  taxes				626.76	0.00  626.76
Account No.								

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

Total

(Report on Summary of Schedules)

1,053.83	2,123.57
3,177.40	1,053.83
3,177.40	2,123.57

B6F (Official Form 6F) (12/07)

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxx9299</b>			<b>N/A</b>				
<b>2-Liberty Hospitalist Services</b> <b>PO BOX 238</b> <b>Wayne, NJ 07474</b>		-	<b>Medical Debt</b>				
							<b>341.38</b>
Account No. <b>xxx-xx-0825</b>			<b>Notice Only</b>				
<b>Advocate Illinois Masonic</b> <b>22393 Network Place</b> <b>Chicago, IL 60673</b>		-					
							<b>0.00</b>
Account No. <b>xxxxxx4786</b>			<b>Opened 11/01/14 Last Active 2/01/12</b>				
<b>Afni, Inc.</b> <b>Po Box 3097</b> <b>Bloomington, IL 61702</b>		-	<b>Collection for At&amp;T Mobility</b>				
							<b>283.00</b>
Account No. <b>xxxxxxx86-01</b>			<b>January 2015</b>				
<b>Afni, Inc.</b> <b>1310 MLK Drive</b> <b>P.O Box 3517</b> <b>Bloomington, IL 61702</b>		-	<b>Notice Only</b>				
							<b>0.00</b>
Subtotal (Total of this page)							<b>624.38</b>

22 continuation sheets attached



B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. <b>xxxxxxxx-xxx-7501</b>		-	<b>November 2014</b>				<b>2,086.00</b>	
<b>Akron Billing Center</b> <b>3585 Ridge Park Dr</b> <b>Akron, OH 44333</b>			<b>Collection for St. Joseph's Hospital</b>					
Account No. <b>xxxxx00N1</b>		-	<b>Opened 7/01/13</b>				<b>92.00</b>	
<b>Allied Collection Services</b> <b>8550 Balboa Blvd</b> <b>Suite 232</b> <b>Northridge, CA 91325</b>			<b>Collection for Nutribullet.</b>					
Account No. <b>xxxxx7082</b>		-	<b>N/A</b>				<b>510.00</b>	
<b>Arcadia Recovery Bureau, LLC</b> <b>PO BOX 6768</b> <b>Wyomissing, PA 19610</b>			<b>Collection for MCMS Emergency Services Associates</b>					
Account No. <b>xxxxx7082</b>		-	<b>N/A</b>				<b>0.00</b>	
<b>Arcadia Recovery Bureau, LLC</b> <b>PO BOX 70256</b> <b>Philadelphia, PA 19176</b>			<b>Notice Only</b>					
Account No. <b>xxx x09 42</b>		-	<b>2014</b>				<b>2,086.00</b>	
<b>ARS</b> <b>Account Resolution Services</b> <b>P.O. Box 459079</b> <b>Fort Lauderdale, FL 33345-9079</b>			<b>Medical Debt</b>  <b>Collection for Emergency Care Service of NY, P.C.</b>					
Sheet no. <u>1</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page)	<b>4,774.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx-xx-0825</b>		<b>Notice Only</b>				
<b>AT&amp;T Bankruptcy Department PO Box 769 Arlington, TX 76004</b>	-					<b>0.00</b>
Account No. <b>xxxx9741</b>		<b>N/A</b>				
<b>B&amp;B Collections, Inc PO BOX 2137 Toms River, NJ 08754</b>	-	<b>Collection for Liberty Emergency Med. Assoc</b>				<b>771.00</b>
Account No. <b>xxx-xx-0825</b>		<b>Notice Only</b>				
<b>Brooklyn Hospital CTR 121 Dekalb Ave Brooklyn, NY 11201</b>	-					<b>0.00</b>
Account No. <b>xxxx1111</b>		<b>N/A</b>				
<b>Bureau of Account Management PO BOX 8875 Camp Hill, PA 17001</b>	-	<b>Collection for My Prevention Desk Calendar</b>				<b>38.75</b>
Account No. <b>xxxxx6701</b>		<b>Opened 4/01/12 Last Active 9/01/11</b>				
<b>California Business Bureau Attn: Bankruptcy Po Box 5010 Monrovia, CA 91017</b>	-	<b>Collection for Scripps Coastal Medical Center</b>				<b>105.00</b>
Sheet no. <b>2</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>914.75</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx3205	-		Opened 5/01/07 Last Active 1/01/09				435.00
Capital One Po Box 5253 Carol Stream, IL 60197			Credit card purchases				
Account No. xxxxxxxxxxxx4523	-		Opened 5/09/08 Last Active 5/01/12				0.00
Capital One Bank Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130			Notice Only				
Account No. xxx xx6 475	-		11/24/13				257.68
CBHV- Colction Bureau of Hudson Val PO Box 831 155 North Plank Road Newburgh, NY 12550			Collection for Seventh Avenue				
Account No. xxxx1265	-		Opened 1/01/13 Last Active 1/01/09				413.00
Choice Recovery 1550 Old Henderson Rd St Columbus, OH 43220			Collection for Kenneth Margules Md				
Account No. xxxx8741	-		Opened 8/01/12 Last Active 6/01/11				76.00
Choice Recovery 1550 Old Henderson Rd St Columbus, OH 43220			Consumer Debt				
Sheet no. 3 of 22 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,181.68

B6F (Official Form 6F) (12/07) - Cont.

In re Colleen Marie Tribout-Politi, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. xxxxxxxxxxxx4885		-	April 2014					
Comcast 4851 N. Milwaukee Chicago, IL 60630			Notice Only					
							0.00	
Account No. xxxxxxxxxxxx4885		-	N/A					
Comcast - Chicago PO BOX 118288 Carrollton, TX 75011			Notice Only					
							0.00	
Account No. xxxxxxxxxxxx4885		-	N/A					
Comcast Cable PO BOX 3002 Southeastern, PA 19398			Notice Only					
							0.00	
Account No. xxx-xx-0825		-	Credit Card purchases with Anne Taylor Loft					
Comenity Bank Bankruptcy Dept. PO BOX 182125 Columbus, OH 43218								
							700.00	
Account No. xxxxxxxxxxxx8275		-	Opened 2/01/12 Last Active 3/03/12					
Comenity Bank/Ann Taylor Attention: Bankruptcy Po Box 182686 Columbus, OH 43218			Credit card purchases					
							2,000.00	
Sheet no. 4 of 22 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,700.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx-xx-0825</b>		<b>Notice Only</b>				
<b>Commonwealth Edison Company</b> <b>P.O Box 9037</b> <b>Addison, TX 75001</b>	-					<b>0.00</b>
Account No. <b>xxxxx5492</b>		<b>N/A</b>				
<b>Convergent Outsourcing</b> <b>800 SW 39th St</b> <b>Renton, WA 98057</b>	-	<b>Collection for Seventh Avenue</b>				<b>257.68</b>
Account No. <b>xxxx1072</b>		<b>Opened 4/01/15 Last Active 2/01/14</b>				
<b>Convergent Outsourcing, Inc.</b> <b>10750 Hammerly</b> <b>Blvd #200</b> <b>Houston, TX 77043</b>	-	<b>Collection for Comcast</b>				<b>148.00</b>
Account No. <b>xxx-xx-0825</b>		<b>N/A</b>				
<b>Credit Collection Services</b> <b>Two Wells Avenue</b> <b>Newton Center, MA 02459</b>	-	<b>Notice Only</b>				<b>0.00</b>
Account No. <b>xxxxx2126</b>		<b>August 2014</b>				
<b>Credit Management LP</b> <b>4200 International Parkway</b> <b>Carrollton, TX 75007</b>	-	<b>Collection for Comcast</b>				<b>148.88</b>
Sheet no. <b>5</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>554.56</b>

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxx4414</b>		-	N/A				1,633.00
Dept of Med Svc Grp Medicine PO BOX 4848 Syracuse, NY 13221-4848			Medical Debt				
Account No. <b>xxxxxxxxxxx7501</b>		-	N/A				2,086.00
Emergency Care Serv of NY, P.C PO BOX 740021 Cincinnati, OH 45274			Medical Debt				
Account No. <b>xxxxxxxxxxx1796</b>		-	Opened 2/22/11 Last Active 5/01/12				0.00
Fingerhut/webbank 6250 Ridgewood Roa Saint Cloud, MN 56303			Notice Only				
Account No. <b>xxxxxxxxx4570</b>		-	Opened 11/01/13 Last Active 9/14/14				257.00
Ginnys/Swiss Colony Inc Attn: Bankruptcy 1112 7th Ave Monroe, WI 53566			Credit card purchases				
Account No. <b>xxxx7932</b>		-	N/A				400.00
Harris & Harris, LTD 600 W. Jackson Blvd., Suite 400 Chicago, IL 60661			Collection for Northwestern Memorial Hospital				
Sheet no. <u>6</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							4,376.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx0298</b>		Opened 1/01/13				291.00
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477	-	Collection for Resurrection Medical Group Street				
Account No. <b>xxxx2675</b>		Opened 11/01/11				733.00
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477	-	Collection for Advocate Illinois Masonic Physicians.				
Account No. <b>xxxx4412</b>		Opened 3/01/11				235.00
Illinois Collection Service/ICS Illinois Collection Service Po Box 1010 Tinley Park, IL 60477	-	Collection for Advocate Illinois Masonic Physicians.				
Account No. <b>xxxx8336</b>		Medical Debt				158.00
Jprecovery 20220 Center Ridge Rocky River, OH 44116	-					
Account No. <b>xxxx8335</b>		Medical Debt				325.00
Jprecovery 20220 Center Ridge Rocky River, OH 44116	-					
Sheet no. <u>7</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,742.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx8337</b>  <b>Jprecovery</b> <b>20220 Center Ridge</b> <b>Rocky River, OH 44116</b>	-	<b>Medical Debt</b>				<b>233.00</b>
Account No. <b>xxx-xx-0825</b>  <b>Kenneth Margules Medical</b> <b>890 Garfield Ave</b> <b>suite 211</b> <b>Libertyville, IL 60048</b>	-	<b>Notice Only</b>				<b>0.00</b>
Account No. <b>xxxxx6792</b>  <b>Kopp Collection Service</b> <b>PO BOX 2367</b> <b>Syracuse, NY 13220</b>	-	<b>07/18/13</b>  <b>Collection for St. Joseph Hospital</b>				<b>2,154.67</b>
Account No. <b>xxxxx6792</b>  <b>Kopp Collection Service, Inc.</b> <b>530 Genesee Street</b> <b>Suite 20</b> <b>Syracuse, NY 13220</b>	-	<b>8.2015</b>  <b>Notice Only</b>				<b>0.00</b>
Account No. <b>xxxx9741</b>  <b>Liberty Emergency Med. Associates</b> <b>PO BOX 417442</b> <b>Boston, MA 02241</b>	-	<b>2015</b>  <b>Medical Debt</b>				<b>771.00</b>
Sheet no. <b>8</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>3,158.67</b>
Subtotal (Total of this page)						<b>3,158.67</b>



In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx-xx-0825</b>			<b>N/A</b>				
<b>MCMS Emergency Services Associates</b> <b>15855 Crabsbrench Way</b> <b>Rockville, MD 20855</b>		-	<b>Medical Debt</b>				
Account No. <b>xxxxxx1154</b>			<b>Opened 3/01/14 Last Active 11/01/13</b>				
<b>Merchants Credit</b> <b>223 W. Jackson Blvd.</b> <b>Suite 400</b> <b>Chicago, IL 60606</b>		-	<b>Collection for Midwest Imaging Professionals</b>				
Account No. <b>xxxxxx5490</b>			<b>Opened 1/01/14 Last Active 9/01/13</b>				
<b>Merchants Credit</b> <b>223 W. Jackson Blvd.</b> <b>Suite 400</b> <b>Chicago, IL 60606</b>		-	<b>Collection for Midwest Imaging Professionals</b>				
Account No. <b>xxxxxx1154</b>			<b>April 2014</b>				
<b>Merchants Credit Guide Co.</b> <b>Department #7505</b> <b>P.O Box 1259</b> <b>Oaks, PA 19456</b>		-	<b>Notice Only</b>				
Account No. <b>xxxxxx8651</b>			<b>May 2015</b>				
<b>Midland Credit Management</b> <b>8875 Aero Drive</b> <b>Suite 200</b> <b>San Diego, CA 92123</b>		-	<b>Medical Debt</b>				
Sheet no. <b>9</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>1,581.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxxx8651</b>	-		<b>Opened 1/01/13 Last Active 4/01/12</b>				<b>911.00</b>
<b>Midland Funding</b> <b>2365 Northside Dr Ste 30</b> <b>San Diego, CA 92108</b>			<b>Collection for Webbank</b>				
Account No. <b>xxx-xx-0825</b>	-		<b>Notice Only</b>				<b>0.00</b>
<b>Midwest Imaging Professionals</b> <b>PO Box 3223831</b> <b>Pittsburgh, PA 15250</b>							
Account No. <b>xxxx2238</b>	-		<b>2014</b>				<b>524.00</b>
<b>MiraMed Revenue Group, LLC</b> <b>Dept 77304</b> <b>P.O. Box 77000</b> <b>Detroit, MI 48277-0304</b>			<b>Collection for Presence Medical Group</b>				
Account No. <b>xxx-xx--0825</b>	-		<b>N/A</b>				<b>0.00</b>
<b>MiraMed Revenue Group, LLC</b> <b>991 Oak Creek Drive LLC</b> <b>Lombard, IL 60148</b>			<b>Notice Only</b>				
Account No. <b>xxxxxxx-xx1MXS</b>	-		<b>02/18/15</b>				<b>1,422.66</b>
<b>Mount Sinai Beth Irsael</b> <b>118 Riveredge Park</b> <b>New Castle, DE 19720</b>			<b>Medical Debt</b>				
Sheet no. <u>10</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>2,857.66</b>
Subtotal (Total of this page)							<b>2,857.66</b>

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxxxx2323</b>		<b>N/A</b>				<b>510.00</b>
<b>Mount Sinai School of Medicine DBA PO BOX 5024 New York, NY 10087</b>	-	<b>Medical Debt</b>				
Account No. <b>xxxxxxxxxxORER</b>		<b>April 2015</b>				<b>1,422.66</b>
<b>MS St. Luke's and Roosevelt P.O Box 95000 Philadelphia, PA 19195</b>	-	<b>Medical Debt</b>				
Account No. <b>xxxxxxxxxxORER</b>		<b>April 2015</b>				<b>0.00</b>
<b>MS St. Luke's and Roosevelt 118 Lukens Drive New Castle, DE 19720</b>	-	<b>Notice Only</b>				
Account No. <b>xx471J</b>		<b>May 2015</b>				<b>510.00</b>
<b>National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111</b>	-	<b>Medical Debt</b>				
Account No. <b>xxxx0610</b>		<b>Opened 5/01/15 Last Active 8/01/14</b>				<b>125.00</b>
<b>Nations Recovery Center, Inc. 6491 Peachtree Industrial Blvd. Atlanta, GA 30360</b>	-	<b>Medical Debt</b>				
Sheet no. <b>11</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>2,567.66</b>
Subtotal (Total of this page)						

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx0609</b>		Opened 5/01/15 Last Active 8/01/14				80.00
<b>Nations Recovery Center, Inc. 6491 Peachtree Industrial Blvd. Atlanta, GA 30360</b>	-	Medical Debt				
Account No. <b>xxxx0608</b>		Opened 5/01/15 Last Active 8/01/14				80.00
<b>Nations Recovery Center, Inc. 6491 Peachtree Industrial Blvd. Atlanta, GA 30360</b>	-	Medical Debt				
Account No. <b>xxxx0607</b>		Opened 5/01/15 Last Active 8/01/14				225.00
<b>Nations Recovery Center, Inc. 6491 Peachtree Industrial Blvd. Atlanta, GA 30360</b>	-	Collection for St. Joseph				
Account No. <b>xx5226</b>		Opened 12/01/14				2,788.00
<b>Nationwide Credit &amp; Co 815 Commerce Dr Ste 270 Oak Brook, IL 60523</b>	-	Collection for Rush University Medical Center  Disputed because approved for charity care.			X	
Account No. <b>xx1385</b>		December 2014				0.00
<b>Nationwide Credit &amp; Collection P.O Box 3219 Hinsdale, IL 60522</b>	-	Notice Only				
Sheet no. <u>12</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>3,173.00</b>

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxxxxxxxxxxxx1123</b>		<b>Opened 5/01/11 Last Active 6/01/14</b>				
<b>Navy Federal Credit Union</b> <b>820 Follin Ln Se</b> <b>Vienna, VA 22180</b>	-	<b>Credit card purchases</b>				<b>4,888.51</b>
Account No. <b>xxx-xx-0825</b>		<b>2014</b>				
<b>Navy Federal Credit Union</b> <b>P.O Box 3000</b> <b>Merrifield, VA 22119</b>	-	<b>Overdraft Line of Credit Protection</b>				<b>500.00</b>
Account No. <b>xxxxx3598</b>		<b>April 2014</b>				
<b>Northland Group Inc.</b> <b>P.O Box 390846</b> <b>Minneapolis</b> <b>Minneapolis, MN 55439</b>	-	<b>Notice Only</b>				<b>0.00</b>
Account No. <b>xxxxxxxxxxx9-001</b>		<b>May 2014</b>				
<b>Northwestern Memorial Hospital</b> <b>PO BOX 73690</b> <b>Chicago, IL 60673</b>	-	<b>Medical Debt</b>				<b>4,672.47</b>
Account No. <b>xxxxxxxxx9910</b>		<b>3/11/14</b>				
<b>Northwestern Memorial Physicians Gr</b> <b>75 Remittance Drive #1293</b> <b>Chicago, IL 60675</b>	-	<b>Notice Only</b>				<b>0.00</b>
Sheet no. <b>13</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>10,060.98</b>

Case No.

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

### Best Case Bankruptcy

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>x8442</b>		<b>7/23/13</b>				
<b>PrimeCare Community Health</b> <b>1908 Solutions Center</b> <b>Chicago, IL 60677</b>	-	<b>Medical Debt</b>				<b>370.00</b>
Account No. <b>xxxxx7699</b>		<b>5/21/14</b>				
<b>Prospect Hill Radiology Group</b> <b>4567 Crossroads PK Dr.</b> <b>Liverpool, NY 13088</b>	-	<b>Medical Debt</b>				<b>22.00</b>
Account No. <b>2636320572</b>		<b>N/A</b>				
<b>Quest Diagnostics</b> <b>PO BOX 740397</b> <b>Cincinnati, OH 45274</b>	-	<b>Medical Debt</b>				<b>111.24</b>
Account No. <b>xxxxxx0572</b>		<b>N/A</b>				
<b>Quest Diagnostics</b> <b>P.O Box 7306</b> <b>Hollister, MO 65673</b>	-	<b>Notice Only</b>				<b>0.00</b>
Account No. <b>xxx-xx-0825</b>		<b>N/A</b>				
<b>Radiology Dept. of Mount Sinai</b> <b>PO BOX 5024</b> <b>New York, NY 10087</b>	-	<b>Notice Only</b>				<b>0.00</b>
Sheet no. <b>15</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>503.24</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx4564</b>		<b>N/A</b>				
<b>Resurrection Health Care 62314 Collection Center Dr Chicago, IL 60693</b>	-	<b>Medical Debt</b>				<b>1,116.00</b>
Account No. <b>xxxxxxA395</b>		<b>9/2015</b>				
<b>Rockford Health Physicians Department 4701 Carol Stream, IL 60122</b>	-	<b>Medical Debt</b>				<b>737.10</b>
Account No. <b>xxxxxxA395</b>		<b>9/2015</b>				
<b>Rockford Health Physicians 2300 N. Rockton Avenue Rockford, IL 61103</b>	-	<b>Notice Only</b>				<b>0.00</b>
Account No. <b>xxx-xx-0825</b>		<b>Medical Debt</b>				
<b>Rockford Memorial Hospital 2400 N. Rockton Ave. Rockford, IL 61103</b>	-					<b>5,000.00</b>
Account No. <b>xxx-xx-0825</b>		<b>N/A</b>				
<b>Rush University Medical Center 1700 West Van Buren St. Chicago, IL 60612</b>	-	<b>Medical Debt</b>				<b>20,000.00</b>
Sheet no. <b>16</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>26,853.10</b>



In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx-xx-0825</b>		<b>Notice Only</b>				
<b>Scripps Coastal Medical Center 11025 N. Torrey Pines Road La Jolla, CA 92037</b>	-					<b>0.00</b>
Account No. <b>xxxxxxx3570</b>		<b>N/A</b>				
<b>Seventh Avenue 1112 7th Avenue Monroe, WI 53566-1364</b>	-	<b>Credit card purchases notice only</b>				<b>0.00</b>
Account No. <b>xx6680</b>		<b>Opened 10/01/14 Last Active 5/01/14</b>				
<b>Simons Agency Inc 4963 Wintersweet Dr Liverpool, NY 13088</b>	-	<b>Collection for Department Of Medicine</b>				<b>382.00</b>
Account No. <b>xx6681</b>		<b>Opened 10/01/14 Last Active 5/01/14</b>				
<b>Simons Agency Inc 4963 Wintersweet Dr Liverpool, NY 13088</b>	-	<b>Collection for Department Of Medicine</b>				<b>130.00</b>
Account No. <b>xx5141</b>		<b>Opened 9/01/14 Last Active 5/01/14</b>				
<b>Simons Agency Inc 4963 Wintersweet Dr Liverpool, NY 13088</b>	-	<b>Collection for Upstate Emergency Medicine</b>				<b>52.00</b>
Sheet no. <b>17</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>564.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx5140</b>		<b>Opened 9/01/14 Last Active 5/01/14</b>				
<b>Simons Agency Inc 4963 Wintersweet Dr Liverpool, NY 13088</b>	-	<b>Collection for Upstate Emergency Medicine</b>				
						<b>464.00</b>
Account No. <b>xx7095</b>		<b>Opened 9/01/14 Last Active 5/01/14</b>				
<b>Simons Agency Inc 4963 Wintersweet Dr Liverpool, NY 13088</b>	-	<b>Collection for Department Of Medicine</b>				
						<b>609.00</b>
Account No. <b>xxxxxxxSME1</b>		<b>N/A</b>				
<b>SME Pathologists, SC PO BOX 3133 Indianapolis, IN 46206</b>	-	<b>Medical Debt</b>				
						<b>295.70</b>
Account No. <b>xxxx3069</b>		<b>5/22/14</b>				
<b>St. Joseph EKG Associates PO BOX 2337 Syracuse, NY 13220</b>	-	<b>Medical Debt</b>				
						<b>40.00</b>
Account No. <b>xxx-xx-0825</b>		<b>N/A</b>				
<b>St. Joseph Hospital PO BOX 2669 Syracuse, NY 13220</b>	-	<b>Notice Only</b>				
						<b>0.00</b>
Sheet no. <b>18</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,408.70</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx5663</b>		<b>N/A</b>				
<b>St. Joseph's Physicians Health PO BOX 2669 Syracuse, NY 13220</b>	-	<b>Medical Debt</b>				
						<b>513.00</b>
Account No. <b>xxx-xx-0825</b>		<b>2/18/15</b>				
<b>St. Lukes and Roosevelt PO BOX 95000-2193 Philadelphia, PA 19195</b>	-	<b>Notice Only</b>				
						<b>0.00</b>
Account No. <b>xxx-xx-0825</b>		<b>Medical Debt</b>				
<b>St. Mary and Elizabeth Hospital 2233 West Division Street Chicago, IL 60622</b>	-					
						<b>8,077.00</b>
Account No.		<b>2015</b>				
<b>Swedish American Hospital 1401 E State St. Rockford, IL 61104</b>	-	<b>Medical Debt</b>				
						<b>5,000.00</b>
Account No. <b>xxxx1000</b>		<b>N/A</b>				
<b>Syracuse Orthopedic Spec PC 5719 Widewater Parkway Syracuse, NY 13214</b>	-	<b>Medical Debt</b>				
						<b>328.00</b>
Sheet no. <b>19</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>13,918.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx-xBRO1</b>		-	<b>N/A</b>				<b>605.00</b>
<b>TBHC Emergency Medicine PO BOX 13568 Philadelphia, PA 19101</b>			<b>Medical Debt</b>				
Account No. <b>xxxxxxxxxx1874</b>		-	<b>2014</b>				<b>0.00</b>
<b>TBHC Radiology 121 Dekalb Brooklyn, NY 11201</b>			<b>Notice Only</b>				
Account No. <b>xxxxxx8899</b>		-	<b>April 2015</b>				<b>0.00</b>
<b>The Brooklyn Hospital Center P.O Box 3475 Toledo, OH 43609</b>			<b>Notice Only</b>				
Account No. <b>xxxx4313</b>		-	<b>February 2015</b>				<b>0.00</b>
<b>The Brooklyn Hospital Center P.O Box 13572 Philadelphia, PA 19101</b>			<b>Notice Only</b>				
Account No. <b>xxxxxx1874</b>		-	<b>March 2015</b>				<b>0.00</b>
<b>The Brooklyn Hospital CTR PO BOX 13641 Philadelphia, PA 19101</b>			<b>Notice Only</b>				
Sheet no. <u>20</u> of <u>22</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>605.00</b>
Subtotal (Total of this page)							<b>605.00</b>

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx9940</b>  <b>Torres Credit Tcs Inc. Po Box 189 Carlisle, PA 17013</b>	-	<b>Opened 8/01/14 Last Active 3/01/14 Collection for Commonwealth Edison</b>				<b>266.00</b>
Account No. <b>xxxxxxxxxxxx1985</b>  <b>Trans-Continental Credit &amp; Coll PO BOX 5055 White Plains, NY 10602</b>	-	<b>02/19/2015 Collection for Brooklyn Hospital CTR</b>				<b>600.00</b>
Account No. <b>xxxxxxxxxxxx5968</b>  <b>Trans-Continental Credit &amp; Coll PO BOX 5055 White Plains, NY 10602</b>	-	<b>02/18/2015 Collection for Radiology Dept of Mount Sinai</b>				<b>79.00</b>
Account No. <b>xxxxxxxx1874</b>  <b>Trans-Continental Credit &amp; Coll PO BOX 5055 White Plains, NY 10602</b>	-	<b>February 2015 Collection for TBHC Radiology</b>				<b>225.00</b>
Account No. <b>xxxxx 6131</b>  <b>Uncle Bob's Self Storage #425 345 North Western Avenue Chicago, IL 60612</b>	-	<b>April 2015 Consumer Debt</b>				<b>55.00</b>
Sheet no. <b>21</b> of <b>22</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>1,225.00</b>

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx4426</b>		<b>N/A.</b>				
<b>University Radiology Assoicates LLP</b> <b>224 Harrison St</b> <b>suite 601</b> <b>Syracuse, NY 13202</b>	-	<b>Medical Debt</b>				<b>34.00</b>
Account No. <b>xxxx4412</b>		<b>N/A</b>				
<b>Upstate Emergency Medicine INC</b> <b>PO BOX 4738</b> <b>Syracuse, NY 13221</b>	-	<b>Consumer Debt</b>				<b>516.00</b>
Account No. <b>xxxxx4098</b>		<b>July 2014</b>				
<b>Upstate University Hospital</b> <b>750 East Adams Street</b> <b>Syracuse, NY 13210</b>	-	<b>Medical Debt</b>				<b>12,732.20</b>
Account No. <b>xxx-xx-0825</b>		<b>Notice Only</b>				
<b>Webbank/DFS</b> <b>P.O Box 81607</b> <b>Austin, TX 78708</b>	-					<b>0.00</b>
Account No.						

Sheet no. **22** of **22** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**13,282.20**

Total  
(Report on Summary of Schedules)

**100,014.58**

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

In re **Colleen Marie Tribout-Politi**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

\_\_\_\_\_ continuation sheets attached to Schedule of Codebtors



Fill in this information to identify your case:

Debtor 1 Colleen Marie Tribout-Politi

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

##### How long employed there?

##### Debtor 1

- ☐ Employed
- ☒ Not employed

##### Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>N/A</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>N/A</u>

Debtor 1 **Colleen Marie Tribout-Politi**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
<b>Copy line 4 here</b> .....	4. \$ <b>0.00</b>	\$ <b>N/A</b>	
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>0.00</b>	\$ <b>N/A</b>	
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>N/A</b>	
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ <b>N/A</b>	
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>N/A</b>	
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ <b>N/A</b>	
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>N/A</b>	
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>N/A</b>	
5h. <b>Other deductions.</b> Specify: .....	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>N/A</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>N/A</b>	
<b>8. List all other income regularly received:</b>			
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>	
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>N/A</b>	
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>2,241.69</b>	\$ <b>N/A</b>	
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>N/A</b>	
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>N/A</b>	
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: .....	8f. \$ <b>0.00</b>	\$ <b>N/A</b>	
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>N/A</b>	
8h. <b>Other monthly income.</b> Specify: .....	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>2,241.69</b>	\$ <b>N/A</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>2,241.69</b> + \$ <b>N/A</b>	= \$ <b>2,241.69</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: .....			
		11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ <b>2,241.69</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: .....			

Fill in this information to identify your case:

Debtor 1 Colleen Marie Tribout-Politi

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents' names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 900.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Colleen Marie Tribout-Politi**

Case number (if known)

6. <b>Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<u>130.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>135.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$	<u>350.00</u>
8. <b>Childcare and children's education costs</b>	8. \$	<u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$	<u>80.00</u>
10. <b>Personal care products and services</b>	10. \$	<u>50.00</u>
11. <b>Medical and dental expenses</b>	11. \$	<u>250.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>116.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<u>30.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$	<u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>IRS Repayment</b>		
	16. \$	<u>200.00</u>
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>		
	18. \$	<u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b>		
Specify: _____	19.	<u>\$ 0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
21. <b>Other:</b> Specify: _____	21. +\$	<u>0.00</u>
22. <b>Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	<u>2,241.00</u>
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>2,241.69</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<u>2,241.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .		
	23c. \$	<u>0.69</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Colleen Marie Tribout-Politi**

Debtor(s)

Case No.

Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **39** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 23, 2015**

Signature **/s/ Colleen Marie Tribout-Politi**

**Colleen Marie Tribout-Politi**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Colleen Marie Tribout-Politi**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

None

☒ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**2. Income other than from employment or operation of business**

None

☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$19,140.00**  
**\$14,800.00**  
**\$26,529.00**

SOURCE  
**2013 Alimony Income**  
**2014 Alimony Income**  
**2015 YTD Approximate Alimony Income**

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### 3. Payments to creditors

None

**Complete a. or b., as appropriate, and c.**



a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	-------------------------	---------------------------------	--------------------------

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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### 5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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### 6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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### 7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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### 8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Spalding Law Center LLC 2218 West Chicago Avenue Chicago, IL 60622	10.10.2013 thru 7.13.2015	\$1000.00



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NAME AND ADDRESS OF PAYEE <b>Spalding Law Center LLC 2218 West Chicago Avenue Chicago, IL 60622</b>	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR <b>8.6.2015</b>	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY <b>\$38.00 for Suite Solution due diligence products: credit report.</b>
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#### 10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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#### 11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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#### 12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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#### 13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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#### 14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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### 15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
3238 N. Sacramento Avenue, Chicago, IL 60618	Colleen Marie Politi	February 2010 thru March 31, 2013

### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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### 18. Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

### 19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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B7 (Official Form 7) (04/13)

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## 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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## 21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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## 22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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## 23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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## 24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **November 23, 2015**

Signature **/s/ Colleen Marie Tribout-Politi**  
**Colleen Marie Tribout-Politi**  
Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Colleen Marie Tribout-Politi**

Debtor(s)

Case No.

Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>-NONE-</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> <b>-NONE-</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date **November 23, 2015**

Signature **/s/ Colleen Marie Tribout-Politi**

**Colleen Marie Tribout-Politi**

Debtor

United States Bankruptcy Court  
Northern District of Illinois

In re Colleen Marie Tribout-Politi

Debtor(s)

Case No.

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>1,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>1,000.00</u>
Balance Due .....	\$	<u>0.00</u>

2. \$ 0.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: November 23, 2015

/s/ Angela Spalding

Angela Spalding 6274242  
Spalding Law Center LLC  
2218 W. Chicago Ave.  
Chicago, IL 60622  
773-227-2218 Fax: 773-435-6752  
info@spaldinglawcenter.com

## Chapter 7 Bankruptcy Retainer Agreement

### SPALDING LAW CENTER LLC IS A DEBT RELIEF AGENCY AND LAW FIRM. WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.

#### Chapter 7 – Liquidation; eliminate dischargeable unsecured debt (certain debts may not be dischargeable)

In consideration for services to be rendered to undersigned Client(s) (hereinafter referred to as "Client") by Spalding Law Center LLC, its associates, co-counselors, consultants and paralegals, (hereinafter referred to as "Attorney"), in connection with representing Client regarding bankruptcy matters, Client, jointly and severally agrees to pay Attorney as follows:

1. A total flat attorney fee of \$ 1,000 is required to be paid for representation in Client's bankruptcy case. An additional \$ 306.00 is to be paid by Client for the court filing fee of the bankruptcy petition.

Today you paid us a retainer of \$ 100. A retainer is an advance payment for Attorney services and the expenses Attorney may incur on Client's behalf and does not cover the court filing fee. Client is also responsible for costs associated with the due diligence products required to process the case, such as the credit counseling and debtor education courses, credit reports, tax transcripts, real estate valuations, etc. Client agrees that the filing fee and the optional due diligence fees are additional costs and are not included in the above-stated attorney fee, and are payable in certified funds only. The attorney fee, due diligence fees, and the filing fee must be paid in full before the case is filed.

You agree to pay your balance of \$ 900 in 9 installments of \$ 100 before 7/31/13.

TIMING SUMMARY OF THE FEES:	
STEP 1: PAY RETAINER	
STEP 2: COMPLETE YOUR PAYMENT PLAN OF FEES AND FOR DUE DILIGENCE MATERIALS	
\$ <u>938</u>	= \$ <u>900</u> (total attorney fee - retainer) + a separate payment to Attorney for due diligence materials of \$ <u>38</u> (credit reports, credit counseling class, tax transcripts, real estate evaluation)
Then we work on the petition and mail it out to you. We then instruct you to take the credit counseling class.	
STEP 3: PAY FILING FEE AND DEBTOR EDUCATION COURSE	
\$ <u>306</u>	(filing fee + debtor education class)
Pay this when you return the signed petition, after you have taken the first class.	
\$ <u>1,344</u>	= TOTAL OUT OF YOUR POCKET FOR THE ENTIRE PROCESS.

2. **PARTIES:** This agreement is entered into on the date shown below between Attorney (and not any individual attorney or agent of Spalding Law Center LLC) and the Client. Client has retained Attorney to consult and advise Client regarding bankruptcy matters under Chapter 7 of the bankruptcy code. Attorney agrees to use its best efforts and abilities in representing Client in bankruptcy. Client acknowledges that Client is not retaining Attorney to represent or appear in any other type of case, lawsuit or proceeding other than Client's bankruptcy case. Sending or receiving any summons or complaint, or notifying the Attorney of a pending lawsuit does not obligate the Attorney to represent Client in that lawsuit or before that court. Any representation of Client in a state court proceeding, including without limitation: collection lawsuits and foreclosure lawsuits, is not included in this Bankruptcy Retainer Agreement. Any referral made to another Attorney to represent Client is a courtesy only. The Attorney is not associated with any other Attorney outside of the undersigned Attorneys law offices.



3. **ATTORNEY FEES:** Client agrees to pay Attorney as stated in Paragraph 1. Client agrees to timely pay the fee and court costs, and optional due diligence materials prior to the filing of the petition. In the event Client has not paid all **earned fees**, Attorney may retain counsel to collect any unpaid, earned fee without further notice. Client will additionally be responsible for any reasonable collection costs including attorney fees and court costs, not less than \$400. In the event Client wants to convert the case into a Chapter 13, Client acknowledges that there will be additional attorney fees for services provided to convert and there may be additional court costs. Conversion requires a new agreement and Client agrees that in the event of conversion from Chapter 7 to Chapter 13, any fees due under this agreement may be collected from the Chapter 13 trustee, but will not exceed the combined agreed fees under the two agreements. Client agrees to reimburse Attorney for any reasonable costs and fees incurred by Attorney as a result of dishonored checks or dishonored ACH payments. Client agrees to immediately pay Attorney a \$40.00 fee in addition to the amount of the returned check, in certified funds. Failure to pay attorney fees in a timely manner could cause Attorney in its sole discretion to close the client file and terminate services (see Paragraph 6.) Client agrees that to reopen the case, Attorney must re-evaluate the case and may charge additional fees and may require Client to provide additional information.

4. **BASIC SERVICES:** Attorney shall provide Client with basic services in connection with Client's bankruptcy case that include, but are not limited to:

- a. Review and analyze Client's financial circumstances based on information provided by Client.
- b. If possible and to the extent possible, based on the information provided by Client, advise Client of the Client's pre-filing options, including but not limited to bankruptcy options.
- c. Inform Client what information Client needs to provide Attorney in order to allow Attorney to provide appropriate advice and option information, in the event such information Client provided is insufficient.
- d. Advise Client of the appropriate requirements in connection with the filing of a Chapter 7 or Chapter 13 bankruptcy, including the duties of Client connected with such filing.
- e. Preparation and filing of the petition, schedules and statements
- f. Assuming that a U.S. Bankruptcy proceeding is filed, Attorney services will include all typical Attorney participation required in such proceeding, including but not limited to, appearances at Court hearings, representation at the meeting of creditors, preparation of legal memoranda, communication with opposing counsel and parties, and submitting information pursuant to requests from the trustee, and other routine services not specifically stated.
- g. Take creditor calls both pre and post-filing.
- h. If Client's proceeding requires additional, but not customary work, Attorney will inform Client directly, and enter into a separate written contract for such services to fully apprise Client of the fees, payment requirements, and expected services to be provided.

5. **NON-BASIC SERVICES:** Client agrees that the following matters are not included within the scope of this Bankruptcy Retainer Agreement. Client agrees that, as to the matters listed below, the Attorney will not take any action on Client's behalf, without a written request and/or a separate Retainer Agreement and possibly an additional retainer:

- a. Motions to revoke a discharge.
- b. Removal of a pending action in another court.
- c. Obtaining title reports.
- d. The determination of real estate or tax liens.
- e. Appeals to the BAP, District Court of Appeals.
- f. Correcting credit reports.
- g. Negotiations with Check Systems regarding Client.
- h. Motions to Dismiss under §707(a) or (b).

- i. Any adversary proceeding filed by the Trustee, U.S. Trustee, or any other party on any basis, including, without limitations, proceedings to determine dischargeability of debts, such as those proceedings filed under 11 U.S.C. §523 or §727 (minimum 4 hours of attorney time paid in advance before appearance is filed).
- j. Actions to enforce the automatic stay pursuant to §362(k) and actions to enforce the discharge injunction pursuant to §524.
- m. Rule 2004 examinations, depositions, interrogatories, other discovery proceedings (other than initial §341 meetings), and contested motions.
- n. Redemption and replacement loan review and motions, and related work pursuant to §722 (\$600)
- o. Motion to avoid judgment liens (\$250 per motion)

Additional fees will also apply for: preparation of amendments to creditor schedules (\$150 + \$30 filing fee); delays caused by Client including Client's failure to provide information, failure to return paperwork, and failure to sign prepared petition in a timely fashion; missed signing appointments; and continued §341 hearings (\$150) if continued due to Client's failure to appear.

6. **TERMINATING SERVICES (Refund Policy):** If Client decides to discontinue Attorney's services at any time, Client must notify Attorney in writing. Client is only entitled to a refund of unearned fees in the event Attorney is terminated prior to the filing of the petition. Client agrees that Attorney will not refund the flat fee if Attorney has filed the case on Client's behalf and has attended the Meeting of Creditors even if the case has not completed, unless retention of the entire flat fee would be unreasonable. Client understands that the retainer will not be refunded regardless if Client decides to cancel filing of the bankruptcy petition or not. If termination occurs prior to filing, Attorney shall provide an accounting of time and services and issue a refund check within a reasonable time (usually 30 days). Attorney's current hourly rate is \$250 per hour for attorney time and \$50 per hour for non-attorney time for purposes of determining the refund due. This hourly fee is subject to periodic review and increase to be commensurate with the fees charged by other attorneys of similar experience within the field. Client also agrees that Attorney's services will be considered terminated upon the following events: dismissal of the case or the closing of the case under Chapter 7.

Attorney reserves the right to withdraw from Client representation if, among other things, Client fails to honor the terms of this Agreement, including non-payment of Attorney and court filing fees; Client fails to cooperate or follow advice on a material matter, or if any fact or circumstance arises or is discovered that would render continuing representation unlawful or unethical. Client is aware of an ethical requirement imposed upon all Attorneys in this state. If a Client, in the course of representation by an Attorney, perpetrates a fraud upon any person or tribunal, the Attorney is obligated to call upon the Client to rectify the same. If the Client refuses or is unable to do so, the Attorney is required to reveal the fraud to the affected person or tribunal.

7. **CLIENT'S OBLIGATIONS:** In addition to paying the Attorneys Fees in a timely manner pursuant to Paragraph 3., Client also agrees to carry out all of Client's obligations pursuant to §521 of the bankruptcy code, to provide any and all requested information to Attorney. (see checklist and instructions in the Client folder), to notify Attorney of any change of contact information, to actively participate and communicate with Attorney during the duration of the case, and to cooperate fully with any Attorney staff member.

Client acknowledges his/her obligation to make FULL and complete DISCLOSURE of all Client's assets, liabilities, and financial information, including, but not limited to, any state court hearing dates or foreclosure notices, regardless of Client's intentions, and to provide all documents and information requested by Attorney, before the bankruptcy petition can be prepared and filed with the court.

Client acknowledges that he/she must complete a pre-petition credit counseling course before the bankruptcy petition can be filed. Client understands that he/she must also complete a post-petition counseling course after the bankruptcy petition is filed and within the time frame allowed by statute. **Client acknowledges that the bankruptcy cannot be filed without the certificate of completion of the pre-bankruptcy credit counseling.**

Client understands that no discharge of debts will be issued if the post-bankruptcy credit counseling is not completed within the statutory time frame.

Client acknowledges that the Attorney will not research creditor information, including addresses, account numbers, or balances. The Client must provide this information to the Attorney in writing. Failure to do so may result in unscheduled debts subject to non-dischargeability.

8. **LIMITED POWER OF ATTORNEY:** Client agrees that the signature on this contract also grants a limited power of attorney to Attorney to: 1) obtain tax information from anyone with whom the Client has consulted regarding tax returns or preparation or the IRS, including but not limited to, copies of Client's tax returns and/or transcripts; 2) obtain due diligence products including, but not limited to, real estate appraisals, title searches, asset searches, personal property valuations, and credit reports; and 3) represent the client in communications with creditors regarding their credit account information and other account details as they relate to the bankruptcy case.

9. **RETENTION AND DISPOSITION OF RECORDS:** It is Attorney's general policy to maintain files for five (5) years after the completion of the Client's bankruptcy case, and reserves the right to destroy all contents of the file after the five (5) years starting from the date the case is closed. Attorney encourages Client to keep and maintain copies of all bankruptcy related matters. Client may request a copy of portions of the closed file by sending a written request. Attorney reserves the right to charge a reasonable retrieval and duplication fee of at least \$30.

10. **SIGNATURE AUTHORIZATION & COMMUNICATION:** Client's signature on this contract shall be authorization for Attorney to file a bankruptcy petition for Client via the Bankruptcy Court's electronic filing system and all other subsequent filings through the Bankruptcy Court's electronic filing system. Client agrees that the preferred method of receiving documents from Attorney is via first class mail, but Attorney reserves the right to provide notices and contact Client via email if Client provides a valid email address.

11. **RECEIPT OF MANDATORY NOTICE AND DISCLOSURE:** The Bankruptcy Abuse and Prevention and Consumer Protection Act of 2005 requires Attorney to provide mandatory notices/disclosures to Client. Signatures on this contract shall be acknowledgment by Client that Client has received, read, and understood the two (2) separate documents entitled "§527(a) Notice," and "Important Information About Bankruptcy Assistance Services From An Attorney or Bankruptcy Petition Preparer."

12. **LAW CHANGES & OUTCOME:** Client agrees that Attorney is not responsible and assumes no liability for changes in the law that could affect the advice Attorney gives Client. Attorney's advice is based on the current state of law and could be subject to change at anytime. Since the outcome of negotiations and litigation is subject to factors which cannot always be foreseen, Client acknowledges and understands that Attorney has made no promises or guarantees to Client concerning the outcome and is unable to do so. Nothing in this Bankruptcy Retainer Agreement shall be construed as such a promise or guarantee.

13. **RESCISSIONS:** Client may only rescind a signed reaffirmation agreement by giving notice as detailed in the agreement within sixty (60) days of approval by the court or prior to discharge, whichever is later. Client should notify Attorney in writing within a reasonable amount of time in order to effectuate the rescission.

14. **CO-COUNSEL:** Client authorizes Attorney to hire co-counsel or independent attorneys as needed, at Attorney's expense, to work on this matter and divide fees with them on the basis of work and responsibility. Client authorizes Attorney, at its discretion, to have attorneys within the firm, or outside counsel, review Client's file to explore other potential causes of action Client may have against creditors.

15. **NONDISCHARGEABLE DEBTS:** Client understands that certain debts cannot be discharged in bankruptcy. Client agrees that Client is still liable to repay any debt not discharged in Client's bankruptcy. Client understands that the debts listed below are common examples of the types of debts that cannot be discharged in bankruptcy, and that non-dischargeable debts are not limited to this list. Client further understands that the list of

non-dischargeable debts may be expanded by legislation or court decisions and Attorney has no control over the type of debts that may be or become non-dischargeable.


- a. Certain types of taxes, custom duties, or debts to pay taxes or custom duties.
- b. Student loans.
- c. Debts owed for spousal or child support.
- d. Debts owed to the spouse, former spouse, or child in a domestic relations proceeding.
- e. Debts arising from a previous bankruptcy wherein discharge of that particular debt was waived.
- f. Debts owed for money, property, services, extension-or-removal, or refinancing of credit, if obtained by false pretenses, or false representations, or actual fraud.
- g. Consumer debts for luxury goods obtained within ninety (90) days of the date of filing of the bankruptcy petition.
- h. Cash advances obtained within seventy (70) days of the date of the filing of the bankruptcy petition.
- i. Debts owed for fraud or defalcation while acting in a fiduciary capacity, or embezzlement of larceny.
- j. Debts owed for fines, penalties, or forfeitures payable to and for the benefit of governmental entity.
- k. Debts owed for death or personal injury arising from the operation of a motor vehicle, boat or aircraft while intoxicated by drugs or alcohol.

16. Client understands that filing bankruptcy does not automatically discharge or remove liens from any real estate. Client agrees that the Attorney will not take any action to avoid (remove) any lien on real estate unless Client specifically authorizes the Attorney to do so in writing. Client agrees that the Attorney will rely on Client's statements concerning ownership of real property and any liens attached to Client's real property. Client agrees that no real estate title search will be conducted. Client agrees that Attorney will not conduct a public records search for lawsuits filed against Client or judgments granted against Client. Client must separately order and pay for a real estate title search, or public records search for lawsuits or judgments, if Client wishes to obtain one. Client agrees to hold the Attorney harmless if client later discovers liens, lawsuits or judgments against Client or against Client's real estate.

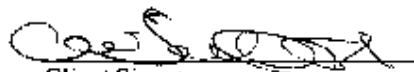
17. **ENTIRE AGREEMENT:** Client acknowledges that Client has read and understands all the terms and conditions contained in this Bankruptcy Retainer Agreement and that the entire contract between the parties is made part of this instrument, except as otherwise indicated. Client is in agreement with the terms of this agreement and has signed on the signature lines below. Client further acknowledges that Client has received a copy of this Bankruptcy Retainer Agreement.

<b><u>ESTIMATED ASSET VALUE</u></b> <b><u>(EQUITY)</u></b> Real Prop. _____  Personal Prop. _____  <b><u>ESTIMATED UNSECURED</u></b> <b><u>DEBT:</u></b>	<b><u>ESTIMATED SECURED DEBTS:</u></b> Mtg. Arrears _____ Mtg. Bal. _____ 2d Mtg. Arrears _____ 2d Mtg. Bal. _____ Veh. #1 Bal. _____ Veh. #2 Bal. _____	<b><u>NONDISCHARGEABLE DEBTS:</u></b> Taxes _____ Student Loans _____ Gov't Fines _____ Child Support _____ NSF _____ Other _____
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3040x

initials  \_\_\_\_\_

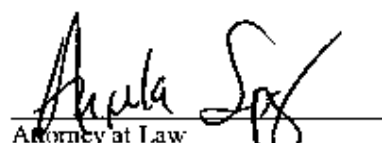
Dated: 10/10/15

  
Client Signature

Colleen M. Trickett  
Client Printed Name

\_\_\_\_\_  
Client Spouse Signature

\_\_\_\_\_  
Client Spouse Printed Name

  
Attorney at Law  
Spalding Law Center LLC

initials: 

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Colleen Marie Tribout-Politi**

Debtor(s)

Case No.

Chapter

**7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Colleen Marie Tribout-Politi**

Printed Name(s) of Debtor(s)

X **/s/ Colleen Marie Tribout-Politi**

Signature of Debtor

**November 23, 2015**

Date

Case No. (if known) \_\_\_\_\_

X \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

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**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.



**United States Bankruptcy Court  
Northern District of Illinois**

In re **Colleen Marie Tribout-Politi**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **98**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **November 23, 2015**

**/s/ Colleen Marie Tribout-Politi**

**Colleen Marie Tribout-Politi**

Signature of Debtor

2-Liberty Hospitalist Services  
PO BOX 238  
Wayne, NJ 07474

Advocate Illinois Masonic  
22393 Network Place  
Chicago, IL 60673

Afni, Inc.  
Po Box 3097  
Bloomington, IL 61702

Afni, Inc.  
1310 MLK Drive  
P.O Box 3517  
Bloomington, IL 61702

Akron Billing Center  
3585 Ridge Park Dr  
Akron, OH 44333

Allied Collection Services  
8550 Balboa Blvd  
Suite 232  
Northridge, CA 91325

Arcadia Recovery Bureau, LLC  
PO BOX 6768  
Wyomissing, PA 19610

Arcadia Recovery Bureau, LLC  
PO BOX 70256  
Philadelphia, PA 19176

ARS  
Account Resolution Services  
P.O. Box 459079  
Fort Lauderdale, FL 33345-9079

AT&T  
Bankruptcy Department  
PO Box 769  
Arlington, TX 76004

B&B Collections, Inc  
PO BOX 2137  
Toms River, NJ 08754

Brooklyn Hospital CTR  
121 Dekalb Ave  
Brooklyn, NY 11201

Bureau of Account Management  
PO BOX 8875  
Camp Hill, PA 17001

California Business Bureau  
Attn: Bankruptcy  
Po Box 5010  
Monrovia, CA 91017

Capital One  
Po Box 5253  
Carol Stream, IL 60197

Capital One Bank  
Attn: General Correspondence  
Po Box 30285  
Salt Lake City, UT 84130

CBHV- Colction Bureau of Hudson Val  
PO Box 831  
155 North Plank Road  
Newburgh, NY 12550

Choice Recovery  
1550 Old Henderson Rd St  
Columbus, OH 43220

Comcast  
4851 N. Milwaukee  
Chicago, IL 60630

Comcast - Chicago  
PO BOX 118288  
Carrollton, TX 75011

Comcast Cable  
PO BOX 3002  
Southeastern, PA 19398

Comenity Bank Bankruptcy Dept.  
PO BOX 182125  
Columbus, OH 43218

Comenity Bank/Ann Taylor  
Attention: Bankruptcy  
Po Box 182686  
Columbus, OH 43218

Commonwealth Edison Company  
P.O Box 9037  
Addison, TX 75001

Convergent Outsourcing  
800 SW 39th St  
Renton, WA 98057

Convergent Outsourcing, Inc.  
10750 Hammerly  
Blvd #200  
Houston, TX 77043

Credit Collection Services  
Two Wells Avenue  
Newton Center, MA 02459

Credit Management LP  
4200 International Parkway  
Carrollton, TX 75007

Dept of Med Svc Grp Medicine  
PO BOX 4848  
Syracuse, NY 13221-4848

Emergency Care Serv of NY, P.C  
PO BOX 740021  
Cincinnati, OH 45274

Fingerhut/webbank  
6250 Ridgewood Roa  
Saint Cloud, MN 56303

Ginnys/Swiss Colony Inc  
Attn: Bankruptcy  
1112 7th Ave  
Monroe, WI 53566

Harris & Harris, LTD  
600 W. Jackson Blvd., Suite 400  
Chicago, IL 60661

Illinois Collection Service/ICS  
Illinois Collection Service  
Po Box 1010  
Tinley Park, IL 60477

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Jprecovery  
20220 Center Ridge  
Rocky River, OH 44116

Kenneth Margules Medical  
890 Garfield Ave  
suite 211  
Libertyville, IL 60048

Kopp Collection Service  
PO BOX 2367  
Syracuse, NY 13220

Kopp Collection Service, Inc.  
530 Genesee Street  
Suite 20  
Syracuse, NY 13220

Liberty Emergency Med. Associates  
PO BOX 417442  
Boston, MA 02241

MCMS Emergency Services Associates  
15855 Crabsbrench Way  
Rockville, MD 20855

Merchants Credit  
223 W. Jackson Blvd.  
Suite 400  
Chicago, IL 60606

Merchants Credit Guide Co.  
Department #7505  
P.O Box 1259  
Oaks, PA 19456

Midland Credit Management  
8875 Aero Drive  
Suite 200  
San Diego, CA 92123

Midland Funding  
2365 Northside Dr Ste 30  
San Diego, CA 92108

Midwest Imaging Professionals  
PO Box 3223831  
Pittsburgh, PA 15250

MiraMed Revenue Group, LLC  
Dept 77304  
P.O. Box 77000  
Detroit, MI 48277-0304

MiraMed Revenue Group, LLC  
991 Oak Creek Drive LLC  
Lombard, IL 60148

Mount Sinai Beth Irsael  
118 Riveredge Park  
New Castle, DE 19720

Mount Sinai School of Medicine DBA  
PO BOX 5024  
New York, NY 10087

MS St. Luke's and Roosevelt  
P.O Box 95000  
Philadelphia, PA 19195

MS St. Luke's and Roosevelt  
118 Lukens Drive  
New Castle, DE 19720

National Recovery Agency  
2491 Paxton Street  
Harrisburg, PA 17111

Nations Recovery Center, Inc.  
6491 Peachtree Industrial Blvd.  
Atlanta, GA 30360

Nationwide Credit & Co  
815 Commerce Dr Ste 270  
Oak Brook, IL 60523

Nationwide Credit & Collection  
P.O Box 3219  
Hinsdale, IL 60522

Navy Federal Credit Union  
820 Follin Ln Se  
Vienna, VA 22180

Navy Federal Credit Union  
P.O Box 3000  
Merrifield, VA 22119

Northland Group Inc.  
P.O Box 390846  
Minneapolis  
Minneapolis, MN 55439

Northwestern Memorial Hospital  
PO BOX 73690  
Chicago, IL 60673

Northwestern Memorial Physicians Gr  
75 Remittance Drive #1293  
Chicago, IL 60675

Nutribullet LLC  
11755 Wilshire Blvd.  
Los Angeles, CA 90025

Portfolio Recovery Associates  
120 Corporate Blvd Ste 1  
Norfolk, VA 23502

Portfolio Recovery Associates , LLC  
PO BOX 4115  
DEPT 922  
Concord, CA 94524

Presence Medical Group  
200 S. Wacker Drive  
Chicago, IL 60606

PrimeCare Community Health  
1908 Solutions Center  
Chicago, IL 60677

Prospect Hill Radiology Group  
4567 Crossroads PK Dr.  
Liverpool, NY 13088

Quest Diagnostics  
PO BOX 740397  
Cincinnati, OH 45274

Quest Diagnostics  
P.O Box 7306  
Hollister, MO 65673

Radiology Dept. of Mount Sinai  
PO BOX 5024  
New York, NY 10087

Resurrection Health Care  
62314 Collection Center Dr  
Chicago, IL 60693

Rockford Health Physicians  
Department 4701  
Carol Stream, IL 60122

Rockford Health Physicians  
2300 N. Rockton Avenue  
Rockford, IL 61103



Rockford Memorial Hospital  
2400 N. Rockton Ave.  
Rockford, IL 61103

Rush University Medical Center  
1700 West Van Buren St.  
Chicago, IL 60612

Scripps Coastal Medical Center  
11025 N. Torrey Pines Road  
La Jolla, CA 92037

Seventh Avenue  
1112 7th Avenue  
Monroe, WI 53566-1364

Simons Agency Inc  
4963 Wintersweet Dr  
Liverpool, NY 13088

SME Pathologists, SC  
PO BOX 3133  
Indianapolis, IN 46206

St. Joseph EKG Associates  
PO BOX 2337  
Syracuse, NY 13220

St. Joseph Hospital  
PO BOX 2669  
Syracuse, NY 13220

St. Joseph's Physicians Health  
PO BOX 2669  
Syracuse, NY 13220

St. Lukes and Roosevelt  
PO BOX 95000-2193  
Philadelphia, PA 19195

St. Mary and Elizabeth Hospital  
2233 West Division Street  
Chicago, IL 60622

Swedish American Hospital  
1401 E State St.  
Rockford, IL 61104

Syracuse Orthopedic Spec PC  
5719 Widewater Parkway  
Syracuse, NY 13214

TBHC Emergency Medicine  
PO BOX 13568  
Philadelphia, PA 19101

TBHC Radiology  
121 Dekalb  
Brooklyn, NY 11201

The Brooklyn Hospital Center  
P.O Box 3475  
Toledo, OH 43609

The Brooklyn Hospital Center  
P.O Box 13572  
Philadelphia, PA 19101

The Brooklyn Hospital CTR  
PO BOX 13641  
Philadelphia, PA 19101

Torres Credit  
Tcs Inc.  
Po Box 189  
Carlisle, PA 17013

Trans-Continental Credit & Coll  
PO BOX 5055  
White Plains, NY 10602

Uncle Bob's Self Storage #425  
345 North Western Avenue  
Chicago, IL 60612

University Radiology Assoicates LLP  
224 Harrison St  
suite 601  
Syracuse, NY 13202

Upstate Emergency Medicine INC  
PO BOX 4738  
Syracuse, NY 13221

Upstate University Hospital  
750 East Adams Street  
Syracuse, NY 13210

Webbank/DFS  
P.O Box 81607  
Austin, TX 78708